DOCUMENT RESUME

ED 158 170 CG 012 661

AUTHOR Lakin, M.; And Others
TITLE Group Interactions Among the Elderly and Group Therapy Interventions.
SPONS AGENCY Administration on Aging (DHEW), Washington, D.C.
PUB DATE Nov 77
GRANT 90-A-1013
NOTE 39p.; Paper presented at the Conference of the Gerontological Society (29th, New York, N.Y., October, 1977)

EDRS PRICE MF-$0.83 HC-$2.06 Plus Postage.
DESCRIPTORS *Content Analysis; Discussion Groups; *Group Dynamics; *Group Therapy; *Individual Needs; *Interaction Process Analysis; Intervention; Research Projects; Self Actualization; *Senior Citizens

ABSTRACT

Methods developed for investigating group processes and contents among four Senior Citizens' discussion groups are described. The process dimensions are boundary behaviors, subgrouping, normative behaviors, organizing, establishing personal significance, group and leader interchanges, self disclosures, conflict, support, and emotional atmosphere. Content categories include physiological, security, belongingness/love, esteem, and self actualization concerns and satisfactions. Analysis of variance and correlational techniques are used to assess frequencies of occurrence of these dimensions and categories and the relationships among them. It is shown that one may analyze process and content elements of group behavior among these aged. It is argued that viewing groups of elderly participants in these terms will yield advantages for application of group helping techniques. The contention is that group helping techniques should be geared to the naturally occurring group processes at the appropriate developmental stages for their intended beneficiaries. (Author)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED158170

Group Interactions Among the Elderly and Group Therapy Interventions*

M. Lakin, K. Mooney, S. Havasy, and B. Oppenheimer

Duke University

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

M. Lakin

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC) AND USERS OF THE ERIC SYSTEM."

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

*Presented at the meetings of the Gerontological Society, San Francisco, Calif., November 1977. This project was supported by Grant 90-A-1013 from the Administration on Aging H. E. W.

CG012661

Abstract

This paper describes the methods developed for investigating group processes and contents among four Senior Citizens' "discussion" groups. The process dimensions are: boundary behaviors, subgrouping, normative behaviors, organizing, establishing personal significance, group and leader interchanges, self disclosures, conflict, support, and emotional atmosphere. Content categories include physiological, security, belongingness/love, esteem, and self actualization concerns and satisfactions. Analysis of variance and correlational techniques are used to assess frequencies of occurrence of these dimensions and categories and the relationships among them. We will show that one may analyze process and content elements of group behavior among these aged. We hold that viewing groups of elderly participants in these terms will yield advantages for application of group helping techniques. It is our contention that group helping techniques should be geared to the naturally occurring group processes at the appropriate developmental stages for their intended beneficiaries.

Group Interactions Among the Elderly

and Group Therapy Interventions

This paper reports research in progress which has as its objectives the understanding of group processes among the aged and the ultimate application of appropriate group techniques for psychological distress among them.

Group psychotherapy is rooted in the assumption that human psychological problems are remediable in a social context. Group therapy has long been recognized as appropriate treatment for emotional disorders, however, its application to more general social-emotional difficulties is also becoming widespread. In fact, group techniques are proposed as possibly especially appropriate to the difficulties faced by the elderly as a class. The point is made that even the best adjusted among them suffers from secret fears and anxieties, and that sharing such feelings with others might reduce the painful isolation that comes with solitude and lessen apprehension that one is somehow freakishly different.

Sharing and comparing experiences and feelings does seem a "natural" therapy for elderly persons. The socialization implied by a group approach would appear to be a corrective to the potentially damaging consequences of increasing social-emotional isolation. Groups appear, at first thought, to avoid the dyadic dependencies, some of the negative halo of being "a case," and are presumably less susceptible to individual therapist bias or fears about personal aging. Needless to add, it would be far more economical than individual attention.

Since few would deny the desirability of facilitating socialization, emotional sharing and mutual support, why do we need to study group processes among this age group before launching into large scale application of group therapies to the aged? Let us consider the practical problem first. Variants of group therapy are indeed applied across wide bands of the population, and outcomes had, until quite recently, been generally and uncritically reported as positive. However, there is growing concern over negative effects. Detailed consideration of such effects is only now beginning (Lieberman et al., 1973; Strupp et al., 1977, in press), but it already appears likely that some group methods are riskier than others. One readily grasps that differences in vulnerability should be taken into consideration when planning for individual psychological help. However, we have only begun to think of group experiences in this way. Relative fragility of a participant and/or the inappropriateness of a group therapeutic vehicle could result in a worsening rather than the desired amelioration for a participant.

This returns us to our "theory" objective. If we understand more of what occurs among aged persons in groups we shall be in a better position to evaluate the likelihood of help resulting from the group for a given individual. The issue becomes (1) Are there age-linked differences in group behaviors, and (2) If groups of old people are distinctive in certain ways, how could one best exploit these differences for the benefits of their participants? Thus, in the long run we seek to know: Are elements of boundedness, supportiveness, and self disclosure equivalent in groups of old and young? What levels of organization are

maintained by different age groups? Do they show similar emotional responses? How do elderly persons establish personal status or significance in comparison with younger age groups? Do different age groups orient differently to leaders? This paper describes the current status of our efforts to track these elements in groups of the elderly.

The Search for an Empirical Baseline

Our project selected ambulatory senior citizens as subjects. We wished to begin by studying "fully" functioning older persons in group contexts, believing that this would lead to a more comprehensive understanding than employing a sample of hospitalized or institutionalized aged. We decided to use a discussion-group format and we paid our subjects for participating. (Most subjects contributed their token payment to their respective centers but they were at liberty to keep the remuneration if they wished to.) We were candid regarding the purpose of the study. In essence we said, "Group therapy is being widely used in clubs and centers where senior citizens gather as well as in Mental Health Clinics. We don't know if talking together helps or not. We would like you to help us by meeting once a week to talk with each other. We are interested in seeing how you relate to one another and we want to know about your concerns and satisfactions at your time of life. We will not choose topics for you to talk about beyond what we have already said is our general interest. We will tape record and observe the group sessions. You should feel free to listen to the tapes of your group any time you wish. Any questions? (Pause). If not, let's begin."

Process Dimensions and Content Categories

Our group process dimensions originated in observational study of emergent group behaviors in young children (Lakin, Lakin and Costanzo, 1975, Note 1). They were subsequently adapted by our project team for use with older people to accomodate changes in interaction contents and styles of old persons.

The groups are led by one of our project staff. They consist of 8-10 participants and their interactions are coded by 2 observers located opposite one another on the perimeter of the circle. Process ratings are made 5 times during a session and content codings are done from tapes. Let us first consider the process coding system.

Process categories include:

1. Boundary behavior
2. Subgrouping
3. Normative behaviors
4. Organizing
5. Establishing personal significance
6. Group to leader
7. Leader to group
8. Self disclosure
9. Conflict
10. Support
11. Emotional atmosphere - (a) light to heavy
    (b) comfortable to anxious
    (c) attentive to bored.

Brief Description of Process Categories

1. Boundary behaviors are verbal recognitions of differences in group belonging and "we/they" attributes. Examples are "we old folks," "the young people nowadays," or "us senior citizens."

2. Subgrouping is coded when there is recognition of a coalition of 3 or more persons. It represents a "teaming up," usually in an attitude of support for a position but occasionally against an individual or another subgroup.

3. Normative behaviors. Rule making, behavior standards, evaluations, of others and statements of "shoulds" and "shouldn'ts" are the main indicators for this category.

4. Organization behaviors. Chairperson-like activities are the clearest signs of this dimension but it also includes initiative actions, attempts to lead, to influence, or to assign roles or group functions.

5. Establishing personal significance. Here are included various kinds of claims for recognition. It is coded whenever one "brags," (i.e., recounts his/her personal achievements or family status) or claims attention for a personal attribute, skill, or possessions.

6. Self disclosure is the sharing of inner feelings, relatively intimate personal experiences, or problems not ordinarily revealed. Disclosures often reveal the discloser's emotional insecurities or vulnerabilities.

7. Conflict behaviors. How do members deal with the disagreements and quarrels that arise between them? Mild differences of opinion are contrasted with more emotionally invested efforts to vanquish or to "win over" opponents.

8. Support behaviors. These are verbalized supports in the form of agreement with positions and emotional support for persons.

9. Group to leader is coded for instrumental and affective aspects, i.e., for responses that indicate relative group "self" direction versus dependence on leader.

10. The dimension Leader to group enables us to track useful as contrasted with unhelpful leader interventions.

11. Group tone (Emotional atmosphere). "Tone" describes the generally regnant emotional atmosphere at any given point in time. For this purpose we use three subscales:

a) light to heavy

b) comfortable to anxious

c) attentive to bored.

Content Analysis

Finding recurrent themes and issues in our groups of the elderly, we created a coding scheme to organize them as a means of characterizing relative emphasis on these content areas. It was structured around Maslow's 5-tiered "need hierarchy" and we added to it several "ways to live" from the philosopher Morris' scheme (Maslow, 1970; Morris, 1956). The latter had developed a cross-culturally tested system for the expression of personal values. The combination enabled us to logically sort and compare group contents along intergroup and interclass lines. The items below are virtually self explanatory. An abbreviated version of our content categorization is represented as follows:

1. PHYSIOLOGICAL NEEDS

1.1 Financial concerns

e.g. 1.11.1 Concern over high cost of food.

1.2 Health concerns

e.g. 1.22.1 Concern over physical deterioration (including lingering illness).

2. SECURITY/SAFETY NEEDS

2.1 Physical security

e.g. 2.11.1 Concern over vulnerability to crime.

2.2 Getting taken advantage of: whom can you trust?

e.g. 2.23.1 Concern over vulnerability/dependency on neighbors.

3. BELONGINGNESS AND LOVE NEEDS

3.1 Children

e.g. 3.11.1 Concern over being a burden on children.

3.2 Spouse

e.g. 3.12.1 Issues related to loss of a spouse.

3.3 Peers

e.g. 3.36.2 I seek and enjoy the company of other old people.

3.4 Loneliness

e.g. 3.41.1 Loneliness is a problem for me.

4. ESTEEM NEEDS

4.1 Looking to the past

e.g. 4.11.1 I once held a job that mattered.

4.2 Looking to kids today (the "generation gap")

e.g. 4.21.1 Concern over kids today as bad.

4.3 Looking to one's resources and strengths vs. accepting the stereotype of "old"

e.g. 4.36.2 I am still open to new things.

4.4 Activities that I engage in and enjoy

e.g. 4.41.2 Church.

4.5 Problems

e.g. 4.51.2 I don't talk about my problems and I don't like to hear the problems of others.

5. SELF ACTUALIZATION NEEDS AND VALUES

5.1 Religion

e.g. 5.11.2 The church is my comfort.

5.2 Philosophies of peace

e.g. 5.21.1 I am not satisfied with my life.

5.3 Dealing with death

e.g. 5.31.1 Concern over approaching death.

5.4 Value orientation

e.g. 5.42.1 Get out and do things.

5.5 Time

e.g. 5.51.1 Time drags when you're old.

Subjects

Fifty-six subjects participated in the four groups reported on in this analysis. Attendance was fluid and not all members attended every session. The median attendance rate was 4 sessions.

Only 11 participants were male. Five black females were members of one group, but, as shown in Table 1, our typical participant is: a 71 year old, white female of working class background. She is widowed, lives more or less independently in her own home or apartment, and remains relatively active despite chronic ailments. Any generalizations derived from our data are limited in the sense that our sample is predominantly white, Southern, working class and female. We are currently expanding our subject pool to include variability in education levels, racial origins and age.

Insert Table 1 about here

Data Base

The data analyses presented are based on four groups. Of the thirty-one sessions from the four groups, twenty-six were used - 7, 7, 6, and 6. (Three were eliminated from a ten session group so as to make the group data base more equivalent and two tapes from other groups were inaudible).

Typescripts of the 26 sessions divided into one minute units were used by content raters, while 26 tapes were the basis of all process ratings. Content raters were trained in the content scoring developed by the research team. Process raters were members of the research team. All raters underwent

extensive training in the process of developing both types of categories.

Process Ratings

Tapes were non-selectively assigned to the raters, who independently coded ten minute consecutive segments in each of the sessions for the process dimensions. In total, three raters rated 136 ten minute segments on each of the thirteen process dimensions. A forthcoming manual (Lakin, Havasy and Oppenheimer, 1978) illustrates the bases of coding the process.

Reliability of Process Codings

Training: Three observers, who had had extensive exposure to the process dimensions in the field, independently rated 16 tape segments on these dimensions. Reliability was computed via correlations between pairs of raters. For each rating, the three correlations between pairs of raters were transformed to Z scores and averaged. The reliability of a single rating is represented by the retransformation of this average back to raw score units. Table 2, column 1 shows the reliabilities of a single rating for each process dimension. In order to increase the reliability of our data, it was determined that all analyses in this study would utilize data based on the mean of two raters' ratings. In this way, the "error" of a single rater's perceptions and coding would be minimized by introduction of a second set of independent ratings. Hays (1963) describes a statistical procedure for assessing reliabilities of combined ratings, and this ANOVA method (interclass r) was used to assess reliability of mean ratings. Column 2, Table 2 gives the reliability of the mean of two raters' ratings, which reflects the reliability of our rating procedures before

the start of the study. As shown, reliability coefficients ranged from .33 (anxious) to .89 (heavy), with mean reliability of .66 (interclass r).

Insert Table II about here

Study data: Interrater correlations were assessed and reveal that the reliabilities of single ratings during the study are comparable to the reliabilities of single ratings prior to the study as given in Table II, column 1 (.29 to .73, $\bar{X}$ = .5. as compared with .25 to .81, $\bar{X}$ = .53).

Content Analysis Coding

As indicated above the coding system is organized along the lines of a Dewey Decimal system with successive digits reflecting increasingly specific contents. Each of the 70 specific themes has a four digit label. The first of the four digits tells which of Maslow's five needs is reflected in the theme of discussion. The first two digits together refer to one of the subheadings (under a given "need"). The first three digits taken together delineate one of the 70 specific themes. The fourth digit allows for affirmation or disavowal of the concern under a given "need." (Some concerns are unequivocal; others are expressed "ambivalently"--as in pleasure in caring for grandchildren vs. feeling exploited).

Reliability of Content Codings

Of the 18 global categories derived from 158 specific content themes, only 4 fell below .63. Interpretations regarding these four areas are consequently limited owing to this fact. They are Value Orientation, Health Concerns,

Philosophies of Peace, and Time. Occurrences of the subcategory Time were too limited to warrant statistical analyses.

Results and Conclusions

We recall the primary questions that we seek to explore: 1) How do these people relate to one another in a group setting (process)? and 2) What is it that they talk about (content)? A third question naturally grows from the first two, i.e., What is the relationship between how they talk to one another and what they talk about (process and content)? In our analyses, we have utilized a correlational approach, to be supplemented by descriptive considerations of selected aspects of the data. The data are analyzed in correlational terms and the relationships among the categories are shown in Tables III, IV and V.

Insert Table III about here

Our participants tend to generalize from "we/they" postures about various "out" groups and to accompany each with invidious characterizations. Thus boundary associations to outgroups tend to be linked with normative (evaluative) judgments about them.

Subgrouping of coalition forming is noted most in relation when conflict arises. When argument breaks out, sides are taken quickly; involvement is also relatively high. Supportive behaviors are generated and members are prone to come forth with prescriptive or evaluative comments.

Our groups tend to react with normative behaviors (i.e., prescriptive and evaluative judgments) and these are preemptive of group attention as they

occur. When the "shoulds or ought tos" are being invoked, there are no organizational efforts. When conflicts arise at such times, arguments are exclusively over qualifying the normative judgments. (Is it all young folks who are "bad" or just some? Should all criminals be given harsher treatment?) .

Organization efforts in our groups occur mainly when members are anxious either in response to control problems (lack of structure, uncertainty of the group's agenda), or because of concern that someone may disclose too much. At such points there is no discussion of "shoulds and shouldn'ts" or advice giving. It is as if there is common concern with "getting us on the road." Viewed differently, the normative behaviors along with all other meatier interaction processes (e.g. self disclosure, attacking outside groups, etc.), must await security about organization. However, organizational actions (changing the topic, commenting on the participation pattern, etc.) are also effective in damping down self disclosure or any other "too hot" process.

"Establishing personal significance" has had in our groups a kind of "benign steamroller" effect. Members share in it, so much so that the leader steps in to disrupt it at his peril! At such times the leader is also a passive listener and the group is relatively heedless of the leader's presence. (Indeed, we were surprised at how apparently willingly participants would indulge one another's significance seeking!)

Members show little toleration for leader intervention when establishing significance is taking place. On the other hand, leader efforts to intervene are positively related to anxiety in the group. While we cannot say from these

data whether the interventions intensify or reduce the anxiety, our impression is that leaders create anxiety if they intrude upon group approved recitals, and especially if they raise questions inviting group inquiry or reflection about the nature of the process.

Self disclosure is generally supported but the prospect of really painful disclosures is ambivalently regarded. Whenever it occurs, however, other members do rally round and voice overt support. When self disclosures are made they are preemptive, are taken seriously, group members are not bored, and, as we indicated, support is given. Only when made very anxious, are organization attempts employed in the service of stopping "too much disclosure--presumably by changing the subject." Otherwise, disclosures are generally facilitated and supported.

Conflict is associated with coalitional backing (subgrouping). Argumentation and strongly asserted positions invariably arouse interest. In our groups, the conflicts have not involved fundamentally different life views or values.

Support is proffered by subgroups and it is frequently accompanied by normative (prescriptive advice and evaluative "--you should;" "they shouldn't;" "we ought to!") comments. As noted above, no organization efforts occur when support is being given (presumably there is no need for them).

The emotional tone "heavy" is associated with self disclosure when it occurs. Then members become quite serious. They do however remain quick (perhaps reflecting anxiety) to offer relatively facile advice and recommendations.

The emotional tone "anxious" is evident when the group's purpose seems unclear from time to time and various members try re-organizing it. In one group, with several members in psychiatric treatment, "anxious" was also associated with self disclosure. While in the other 3 groups, self disclosure was associated with "heavy" rather than anxious. The only time that participants routinely look to the leader for definite help is when they experience awkward ambiguity in "organizational gaps."

Content Category Results

Content analyses were based on the number of minutes during which each of 158 content areas was touched on so that Table IV gives rank ordering of the most frequent themes during 129 coded segments for all the groups. (The frequencies are from a total of 1290 minutes).

Insert Table IV about here

Content Analyses--Frequency of Themes

The frequencies with which discussion themes recurred are shown in Table IV. One may consider them in terms of most, next and least frequent--but one should bear in mind the limitation to the sampling of these four groups. We make no claim that this ordering of frequencies would be constant for all old people. Preeminent in the first group are concerns about the younger generation, specifically misgivings over the way the current crop of children are being reared. Only slightly less frequent are associated themes of nostalgia, of how things were in many ways clearer--even better--in the old days, worries over physical status and physical integrity and a repeatedly stated determination to "stay

active" and socially involved. This latter theme is almost a "motto" in our senior citizens' groups. They have apparently accepted the idea that sustained "engagement" is critical to a happy longetivity. In fact, keeping busy and remaining active is almost a nostrum for everything that ails one. (This may explain the ready recourse to the seemingly automatic support reactions tended to urge activity upon the troubled self discloser. It is almost as if sustained activity (hobbies, friends, games, etc.) were the agreed upon preferred recipe for reducing anxiety and depression.

A second grouping of content themes includes fears of being taken advantage of (typically by service people or professionals who exploit the elderly's poor health, limited mobility and relative ignorance and vulnerability). This second grouping is a heterogeneous one and includes worries over the physical disabilities and indignities associated with approaching helplessness--death, especially worries over a lingering illness, and losses of dear ones, particularly spouses in the cases of those still married. Financial security concerns, and the various activities--social and recreational--in which one engages are also included. (A significant number of these were volunteer, charitable or helping others types of activities.)

The third division of content themes by frequency for our sample includes an emphasis on physical security, (possibly in collective response to the concern over recently reported criminal assaults, especially on elderly individuals in and outside their homes), the discussion of religiously-toned philosophies of

life and values, faith, beliefs, and shared confessions of loneliness which characteristically elicited supportive rejoinders about how to cope and stay "in touch." Finally, there was a potpourri of other individual problems.

Content--Process Correlations

For the discussion which follows the reader will wish to refer to Table V for the representative data. The patterns discussed below refer to them. Primarily, we are impressed by the wide acceptance of a doctrine of active coping, manifested in slogans extolling the virtues of activity. Secondly, there is a growing conviction of a shared political and social fate which may be expressed thus: "We old people are all in the same boat (share a common fate in that we are similarly viewed as superfluous); therefore we must watch out for our common interests and care for one another." (The fear that "nobody else cares" is not always well hidden!) It seems that feelings of esteem, of belonging, and self actualizing ideas, in general, are closely tied to the slogan "be active" and acted on through attendance at the Centers for Senior Citizens.

Insert Table V about here

Because disclosure along these lines is general, shared, and mutually supported, leader probes are frequently responded to with a kind of collusive sloganeering which sounds almost bellicose at points ("We old people can overcome! Let us stick together!") and emphasizes the sharpness of we/they differences. Politically, as well as emotionally, this official optimism has the status of a group credo. Leaders' probes will first of all encounter this credo rather than more intimate personal disclosures.

A related group-sanctioned and supported sentiment is a shared criticism of the ways that children are being reared today. Specific criticisms of one's own childrens' handling of their offspring is not infrequent; however, much more common is the more anonymous, but much heartier, condemnation of how "kids today are brought up!" This attitude is associated with an acute sense of difference--of boundary, in our terms, between their own and the current generations' values. The conflicts which arise when such discussions ensue are over the negative aspects and, more rarely, whether there are not some virtues or mitigating factors associated with modern child rearing and its results. Relatively intense arguments have arisen about the generality of the negative judgments. As to the "decline of morality," however, there are scarcely any disagreements. Thus, the sharing of nostalgia, the recitation of commonly held--not idiosyncratic--values, the reiterated "age-o-centric" position that "life back then was somehow much better" can be seen as bulwarks against what is perceived as an indifferent social environment. On the other hand, from the point of view of intra-group development, the fact that these issues are characterized by such wide agreement and that they excite so little intra-group difference suggests that these topics might be functioning as "cement" or just plain group "filler" to avoid more taxing but developmentally richer and more vital issues. We cannot say for sure at this stage which function the discussion serves for our participants.

Personal disclosures in our groups are partly problem focussed, as when the individual shares some sorrow or fear. But they are also frequently

combinations in which it is difficult to distinguish between disclosive and personal significance establishing behaviors. In fact they can be indistinguishable. In such cases participants pridefully recount how well they have coped with awesome adversity. In general our participants disclose "inner" concerns, (i.e., loneliness, fears of deteriorating health, mental lapses, moods, etc., or contemplating being a "burden" on one's children, a future nursing home placement, etc.) and "outer" concerns, (i.e., vulnerabilities to crime, venal services and health providers, exploitation, abuse, indignities, etc.). The sharing and re-sharing of these concerns constitute the leitmotif of the group discussions. Participants repeatedly refer to their common problems of maintaining themselves--including their dwindling stores of self esteem--in the face of a disinterested world of various other groups which virtually ignore them or who even feel malevolently toward them.

In general, personal esteem (significance) is sustained by affirming the values of active coping with the "inner" and the "outer" sources of adversity. To be a cheerful "smiler," to "love" one another, in a context of political and social activities is the determinedly positive stance proffered as the recipe for living. The mutually supportive group is the antidote to a calloused and unthinking social environment which does not appreciate the collective wisdom of the elders.

Group Character

While one can quantify some processes and certain contents, one must turn to narrative to supplement the descriptions of our old people's groups.

The general activity level, the intellectual levels displayed, and the levels and kinds of organization developed in our groups reflect the personalities and ability levels of the individuals who comprised them. The same is true for the themes expressed.

Obviously the sources of difference are multiple. There may be differences in the normative constraints and mores under which one was reared, "regional-character" differences, age differences, or all these factors combined. The characteristic interpersonal quality in these groups of elderly is supportive but the support is itself exhortative, prescriptive, and interlaced with inspirational slogans: "Don't sit around feeling sorry for yourself! Live for yourself; you've already lived for others!" "Believe me we know what you are going through! Nobody else could know but when you go through it like we have, we know! It'll just take time." Such prescriptions, often delivered before the individual has even detailed his/her feelings, give observers a feeling of superficiality, as if it were most important to get these things said as rapidly as possible. However, participants tolerate such assurances well. At the same time intimate disclosures are ambivalently viewed. Self disclosures of profound depression and anxiety are neither entirely welcomed nor unambivalently made. As one member said, "I am not going to talk about my personal affairs in this group!", but then immediately proceeded to reveal highly personal feelings. While certain concerns are recognized by the group as legitimate frustrations of old people (there is recognition that ". . . she needs to talk about it . . ."--there is ambivalence about allowing unrestrained expression of personal feelings, possibly out of fear of contagion.

There is yet another aspect to this ambivalence about disclosures. For most of these people "toughness" is the "preferred" defensive stance. One group even indulged in macabre humor about how members would like to be "laid out." Similarly, we were impressed that for three out of four groups the shared response to fears and irritations is to angrily complain about common dilemmas, to castigate "out-groups," and to call for political militancy to redress grievances.

Summary

It seems clear that methods can be devised to describe and measure some of what goes on among elderly persons as they interact in therapeutic discussion group contexts. We have no claims for completeness because group interaction data involve more than skilled human observers can record. However, the dimensions we have presented are a step in the direction of systematic study of group processes and contents and ultimate understanding of the therapeutic advantages and disadvantages inherent in them. We invite others to apply them to other help-intending group approaches to elderly people. Analyses of content indicate what the frustrations and satisfactions of these old people are. It would seem important for group leaders to be receptive to the kinds of issues that are likely to be raised in groups of elderly persons. Inasmuch as issues of health, esteem, security and the meaning of one's own existence are anything but trivial, group leaders especially need to be keenly aware of them.

We have detailed an approach to process and content analysis in senior citizens therapeutic discussion groups. We have shown that one may analyze process and content elements of group behavior among these aged. We hold that viewing groups of elderly participants in these terms will yield advantages for application of group helping techniques. Therapies require an elastic developmental framework, and group helping techniques too must be geared to the naturally occurring group processes at the appropriate developmental stages for their intended beneficiaries.

Reference Notes

Note 1. Lakin, M., Lakin, M. G., and Costanzo, P. R. Group processes in early childhood: a dimension of human development. Manuscript submitted for publication, 1977.

References

Hays, W. L. Statistics for Psychologists. New York: Holt, Rinehart, and Winston, 1963.

Lakin, M. G., Lakin, M., and Costanzo, P. R. An approach to the assessment of processes in young children. Catalog of Selected Documents in Psychology (APA), 1975, 5, 278.

Liebermann, M., Yalom, I., and Miles, M. Encounter Groups: First Facts. New York: Basic Books, 1973.

Maslow, A. H. Motivation and Personality. New York: Harper and Row, 1970.

Morris, C. Varieties of Human Values. Chicago: University of Chicago Press, 1956.

Strupp, H. H. A tripartite model of mental health and therapeutic outcomes with special reference to negative effects in psychotherapy. American Psychologist, 1977, 32, 187-196.

Strupp, H. H., Hadley, S. W., and Gomes-Schwartz, B. Negative Effects in Psychotherapy: Clinical, Theoretical and Research Issues. New York: Jason Aronson, in press.

Table 1

Subject Demographics

	N	Frequency	Mean
Age of subjects	31		71.1
Sex of subjects	56		
Male		11	
Female		45	
Race of subjects	56		
White		51	
Black		5	
Health concerns	39		
No health concerns		15	
Chronic ailments not hindering activity		7	
Chronic ailments hindering activity		9	
Ailment causing recent hospitalization		8	
Psychological concerns	38		
Not asked		19	
Never sought professional help		14	
Sought professional help		5	
Marital status	47		
Never married		1	
First marriage, still married		17	

Table 1 (continued)

	N	Frequency	Mean
Marital status (continued)			
First marriage, now widowed		19	
First marriage, now divorced/separated		0	
Second marriage, still married		3	
Second marriage, now widowed			
Second marriage, now divorced/separated		1	
Age of living spouse	9		70.7
Number of children and stepchildren	30		2.6
Number of grand- and great-grandchildren	28		5.6
Living arrangement	39		
Own home		28	
Rent home		1	
Rent apartment		8	
Live with relatives		1	
Live with friends		1	
Live in a rest or nursing home		0	
Education level of subjects	29		
Graduate professional training		1	
College graduate		1	
Partial college training		1	

Table 1 (continued)

	N	Frequency	Mean
Education level of subjects (continued)			
Technical or nursing school		7	
High school graduate		10	
Partial high school		5	
Junior high school		3	
Less than 7 years school		1	
Education level of spouse	28		
Graduate professional training		1	
College graduate		1	
Partial college training		2	
Technical or nursing school		1	
High school graduate		11	
Partial high school		2	
Junior high school		2	
Less than 7 years school		4	
Unknown		4	
Employment status of subjects	42		
Not employed		34	
Employed part-time		7	
Employed full-time		1	

Table 1 (continued)

	N	Frequency	Mean
Most recent occupation of subjects	31		
Executives, major professionals		0	
Managers, lesser professionals		2	
Administrators large concerns, semi-professionals		12	
Owners small businesses, clerical/sales		12	
Skilled workers		1	
Semi-skilled workers		3	
Unskilled workers		1	
Occupation of most recent spouse	26		
Executives, major professionals		1	
Managers, lesser professionals		0	
Administrators large concerns, semi-professionals		9	
Owners small businesses, clerical/sales		6	
Skilled workers		5	
Semi-skilled workers		2	
Unskilled workers		3	

Table II

Process Rater Reliability

	I	II
	Training Tapes	
	(N = 16 segments)	
	Single rating	Mean of 2 ratings
Boundaries	.53	.63
Subgrouping	.73	.81
Norms	.50	.60
Organization	.49	.59
Establishing Significance	.56	.66
Group to leader	.57	.67
Leader to group	.45	.55
Self-disclosure	.71	.78
Conflict	.81	.86
Support	.49	.59
Heavy	.80	.89
Anxious	.25	.33
Bored	.46	.56

Table III

Relationships Among Process Dimensions *

	Boundaries	Subgrouping	Norms	Organization	Establishing significance	Group to leader	Leader to group	Self-disclosure	Conflict	Support	Heavy	Anxious	Bored
Boundaries			.33										
Subgrouping			.22					.24	.34	.27	.22		-.23
Norms	.33	.22		-.25					.33	.38			
Organization			-.25					-.23		-.41		.52	
Establishing Significance						-.37	-.28						
Group to leader					-.37		.35						
Leader to group					-.28	.35						.21	
Self-disclosure		.24		-.23						.68	.51		-.31
Conflict		.34	.33								.25	-.26	-.26
Support		.27	.38	-.41				.68			.63		-.32
Heavy		.22						.51	.25	.63			
Anxious				.52			.21		-.26				
Bored		-.23						-.31	-.26	-.32			

*For all process correlations, $p \leq .05$

Table IV

Rater Reliability and Frequency of

General Content Areas

(N = 129 segments, 1290 minutes)

	Interrater reliability	Total minutes of discussion (mean of 2 raters)
Kids today	.86	178
Looking to the past	.70	137
Peers	.83	127
Children	.89	118
Residual strengths	.63	105
Value orientation	.23	103
Getting taken advantage of	.73	101
Activities	.67	99
Dealing with death	.93	93
Spouse	.86	89
Financial concerns	.86	84
Health concerns	.53	72
Physical security	.77	59
Philosophies of peace	.48	45
Loneliness	.71	43
Religion	.79	18
Problems	.75	14

Table V

Relationship Between Content and Process Ratings

Content Themes	Interrater Reliability	Minutes of Discussion (mean of 2 raters)	Process Correlations*	
I go to and enjoy the Senior Citizens Center	.80	50	.19	Group to Leader
			.18	Leader to Group
Get out and do	.52	49	.17	Boundary
			.30	Establishing Significance
			.18	Leader to Group
			.26	Self Disclosure
			.18	Support
Concern over deterioration of the body	.53	43	.22	Establishing Significance
			.26	Self Disclosure
			.18	Support
			.28	Heavy
Political unity is not pointless	.88	43	.28	Norms
			-.19	Self Disclosure
Loneliness is a problem	.70	42	.21	Subgrouping
			.30	Self Disclosure
			.23	Support
			.24	Heavy

Table V (continued)

Content Themes	Interrater Reliability	Minutes of Discussion (mean of 2 raters)	Process Correlations
Concern that kids today are reared wrongly	.93	41	.24 Boundary .25 Subgrouping .34 Norms .19 Conflict .18 Anxious .17 Bored
Our experiences were the best	.52	41	.21 Boundary
Life then was better	.39	38	.22 Boundary
Be continually concerned with others	.15**	37	.21 Leader to Group .25 Anxious
My life does (did) revolve around my spouse	.80	36	.39 Subgrouping .32 Self Disclosure .23 Support
Concern over decline in morality	.70	35	-.26 Organization -.31 Establishing Significanc

Table V (continued)

Content Themes	Interrater Reliability	Minutes of Discussion (mean of 2 raters)	Process Correlations
Concern over decline in morality (continued)			-.23 Group to Leader
			-.28 Leader to Group
			-.33 Self Disclosure
			-.17 Conflict
			-.31 Support
			-.25 Heavy
			-.17 Bored
Concern over vulnerability to government	.79	33	.20 Norms
			.20 Conflict
Concern over being a burden on children	.96	33	.22 Establishing Significance
			.26 Self Disclosure
			.27 Heavy
Issues related to loss of spouse	.70	28	
Concern over high cost of shelter	.71	27	.21 Norms
Concern over vulnearbility to crime	.82	26	

Table V (continued)

Content Themes	Interrater Reliability	Minutes of Discussion (mean of 2 raters)	Process Correlations	
I'm still open to new things	.25	25	-.18	Heavy
Concern about possessions upon death	.93	25		
Concern over high cost of medical care	.87	23	.18	Boundary
			.19	Norms
No concern over kids today as bad	.87	23	.23	Boundary
			.21	Conflict
Concern over children living far away	.61	22	.26	Self Disclosure
			.20	Support
Concern over vulnerability to service people	.62	22		
My children take good care of me	.65	22		

Table V (continued)

Content Themes	Interrater Reliability	Minutes of Discussion (mean of 2 raters)	Process Correlations	
Life then was worse	.57	22	.19	Establishing Significanc
			.19	Support
I do and enjoy hobbies (alone)	.81	21	.19	Organization
			.24	Bored

*For all process-content correlations, $p \leq .05$

**$p = .08$